

ROUTING SLIP FOR INVOICES

DATE October 26, 2017

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE September 2017

TO LeBlanc

INITIAL REVIEW JF

DATE 11/2/17

FSPS2 REVIEW

DATE

Program Manager 1/2 DT

DATE 11/2/17

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 11/2/17 EQUIPMENT TO BE TAGGED?

ADVANCE RECOUPMENT?

COMMENTS:

no adjustments



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Caring To Love Ministries

Contractor Name 3813 N Flannery Rd	Received
Mailing Address Baton Rouge, LA 70814	OCT 26 2017
City, State, Zip Dorothy Wallis / 225-273-1124	DCFS Economic Stability
Contact Person/Telephone Number	

September 2017

Service Period

719685

Contractor/PO#

2000 224936-0917

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 4,480.00	\$ 10,103.94	\$ 14,583.94	\$ 58,376.06	
FRINGE BENEFITS	\$ 10,309.44	\$ 698.82	\$ 1,512.23	\$ 2,211.05	\$ 8,098.39	
TRAVEL	\$ 1,080.00	\$ 153.82	\$ 217.77	\$ 371.59	\$ 708.41	
OPERATING SERVICES	\$ 60,370.56	\$ 2,222.90	\$ 5,015.60	\$ 7,238.50	\$ 53,132.06	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 7,050.00	\$ 14,437.50	\$ 21,487.50	\$ 72,712.50	
OTHER CHARGES	\$ 434,880.00	\$ 34,180.00	\$ 61,460.00	\$ 95,640.00	\$ 339,240.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 9,500.00	\$ 14,250.00	\$ 42,750.00	
TOTALS	\$ 730,800.00	\$ 53,535.54	\$ 102,247.04	\$ 155,782.58	\$ 575,017.42	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.



Signature of Authorized Contractor Representative and Title

10/11/2017

Date

FOR DCFS USE ONLY					
DCFS Invoice Number <i>224936 0917</i>	Org <i>4274</i>	Obj <i>3740</i>	Rep Cat <i>5071</i>	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

line 2

Program Compliance Approval	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <i>Dorothy Wallis Program Mgr</i>	<i>11/2/17</i>
Signature and Title of Authorized DCFS Official		

Kearine L. Blane 11/2/17

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide.</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd.</u>	GRS ORG CODE #	<u>4274</u>
	<u>Baton Rouge, LA 70814</u>	OBJECT CODE	<u>3740</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	INVOICE #	<u>2000224936-0917</u>
TITLE:	<u>President/CEO</u>	PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>September 2017</u>
		PARISH SERVED:	<u>Statewide</u>
		CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>384</u>
		1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>186</u>
		CUMMULATIVE 1st MONTHPARTICIPANTS	<u>570</u>

SECTION A - SALARY

Services Coordinator	Sanaretha Gray	1,900.00	
Home Prenatal Care Nurse	Kim Hardee	1,600.00	
Home Prenatal Care Educator	J Monic Adams	980.00	
Clerical Support Specialist		<u>0.00</u>	
	TOTAL SALARIES-Direct Svcs	<u>4,480.00</u>	4,480.00 ✓

SECTION B - FRINGE

Insurance	Direct Services	250.00	
FICA	Direct Services	342.72	
Worker's Compensation	Direct Services	<u>106.10</u>	
	TOTAL FRINGES-Direct Svcs	<u>698.82</u>	698.82 ✓

SECTION C - TRAVEL

Travel	Direct Services	141.78	
Travel	Direct Services	<u>12.04</u>	
	TOTAL TRAVEL-Direct Svcs	<u>153.82</u>	153.82 ✓

SECTION D - OPERATING EXPENSES

Printing	Direct Services	337.95	<i>174.00 Ad choice</i>
Printing	Direct Services	<i>550.00</i>	<i>163.95 lifechoice.org Ad choice</i>
Office Supplies	Direct Services	0.00	
Copy Machine	Direct Services	250.00	
Internet Service	Direct Services	<i>195.00</i>	
Media	Direct Services	0.00	
Website	Direct Services	14.95	
KNOWforSURE	Direct Services	<i>875.00</i>	
	TOTAL OPERATING EXPENSES FOR MONTH	<u>2,222.90</u>	2,222.90 ✓

LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE
CONTRACTOR: Caring to Love Ministries

SECTION F - PROFESSIONAL

Accounting Services	Vickie Davis	2,200.00	
Performance Improvement C	Garcia Bodley	1,200.00	
Public Relations/Media Coor	Randy Rice	700.00	
Webmaster/Info Tech Cons.	Kathleen Benfield	700.00	
Information Technology Con:	Turnkey	250.00	
Auditor Services	Michael Choate, CPA JHam/Lacey/Rita	0.00	
Professional Technical Svc	Michelle/Emily/Alexis	<u>2,000.00</u>	
		TOTAL PROFESSIONAL	7,050.00
			7,050.00 ✓

SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	186	1,860.00
Positive Pregnancy Test	\$ 10.00	145	1,450.00
Negative Pregnancy Test	\$ 10.00	41	410.00
Abstinence Education	\$ 30.00	50	1,500.00
Counseling	\$ 40.00	145	5,800.00
Referral Services	\$ 10.00	135	1,350.00
Health Risk Assessment	\$ 30.00	145	4,350.00
Care Plan Development	\$ 30.00	144	4,320.00
On-going Care	\$ 30.00	93	2,790.00
Family Support Services	\$ 40.00	101	4,040.00
Home Outreach Support Services	\$ 75.00	58	4,350.00
Birth Outcome Confirmation	\$ 40.00	49	1,960.00
		TOTAL OTHER CHARGES	34,180.00 ✓

SECTION I - INDIRECT COST

Project Administrator	Dorothy Wallis	4,500.00	
Health Insurance		<u>250.00</u>	
		TOTAL INDIRECT COST	4,750.00
			4,750.00 ✓

Dorothy Wallis

Authorized Signature per Dorothy Wallis

I hereby certify that the information given is true and correct to the best of my knowledge.

TOTAL INVOICE \$ 53,535.54

10/11/2017

Date

Project Administrator

OFS Approval

Telephone Number

10/11/2017

Date

*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO: OM&F FISCAL

PAYMENT MANAGEMENT/CONTRACTS

PO BOX 3927

BATON ROUGE, LOUISIANA

Life Choice Project

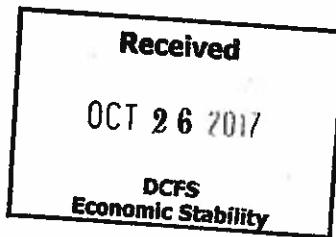
*Coordinated Prenatal Care for
Louisiana's Pregnant Women*

October 11, 2017

Department of Social Services
Office of Family Support
627 North 4th Street
5th Floor Cubicle 5-321
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion
September 2017-2018 Reimbursement Invoice

Dear Ms. Leblanc,



Please find attached, our September 2017 Cost Reimbursement Invoice for 2017-2018 Alternative to Abortion Initiative along with the hard copy of the TANF Report for the month of September 2017.

We decided not to add Andrea Venezio to the Clerical Support Specialist position. Lacey Bodley, began working for the State in Lake Charles and will not be working for Life Choice Project.

We would like to Supplement July 2017 invoice for Health Insurance and Supplement August 2016 invoice to bill for Professional Service.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at anytime.

I remain,

Dorothy Wallis
Dorothy Wallis
Program Administration
Caring to Love Ministries

Life Choice Project

*Coordinated Prenatal Care for
Louisiana's Pregnant Women*

Delivery Confirmation

I, the undersigned, acknowledge receipt of the following:

- Letter to Ms. Jeanine Le Blanc**
 - One Copy**
 - Cover Letter**
 - September 2017 Budget Revision Request**
 - Cost Reimbursement Invoices for September 2017**
 - Section A: Salary**
 - Section B: Fringe 4**
 - FICA**
 - LCTA - Worker Compensation**
 - Section C: Travel**
 - Section D: Operating Expenses**
 - Cancelled Checks and Wire Transfers**
 - Section F: Professional services**
 - Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers**
 - Section G: Other Charges – Coordinated Prenatal Care Services**
 - Subcontractors' Front Page and Wire Transfer**
 - Section I: Indirect Costs- Project Administrative**
 - Project Administrator Invoice, Time Study and Bank Statements (ACH)**
 - TANF Report September 2017**
- Please sign and return via scanned or email to dwallis@ctlm.org*

Thank You,

P.O.# 200 224936 - 0917
ACH Transfer Detail Grid for September 2017

Section	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proff of Electronic Bank Statement	Bank Stmt Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	21-24,26-27	25,28	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	33	34	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	N/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	41	42	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie	44-45	46	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.- Garcia Bodley	47	48	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	49	50	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	51	52	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Ham	55	56	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Lacey Bodley	57	58	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svd	Sanaretha Gray	59	60	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech SvS	Michelle Dyess	61	62	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	63	64	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	65	66	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	69	71	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	72	74	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	75	77	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	78	80	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	81	83	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	84	86	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	87	89	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	91	92	Gulf Coast Bank & Tst	5



10/11/2017 8:00 AM (Refresh)

LCP CHECKING (100526649)

Account Information

Summary Details

Balance

Previous Day Transactions (-.00/+.00):	.00
Current Balance:	84,681.50
Holds:	.00
Pending Transactions (-36,733.82/+.00):	-36,733.82
Other Transfers:	.00
Available Balance:	47,947.68

Transactions

Total debits: -47,058.82 (22), total credits: +.00 (0)

ACH
Pg # Show 50

Date	Description	Debit	Credit	Balance
10/11/2017	Sept 2017 (Pending)	500.00	66	47,947.68
10/11/2017	Sept 2017 (Pending)	150.00	64	48,447.68
10/11/2017	Sept 2017 (Pending)	100.00	60	48,597.68
10/11/2017	Sept 2017 (Pending)	250.00	62	48,697.68
10/11/2017	Sept 2017 (Pending)	200.00	58	48,947.68
10/11/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	1,255.00	89	49,147.68
10/11/2017	Ecorp ACH Out RESTORATION PREGNANCY (Pending)	4,825.00	86	50,402.68
10/11/2017	Ecorp ACH Out WOMENS LIFE MINISTRIES (Pending)	1,605.00	83	55,227.68
10/11/2017	Ecorp ACH Out CATHOLIC CHARITIES (Pending)	1,630.00	80	56,832.68
10/11/2017	Ecorp ACH Out A PREGNANCY CENTER (Pending)	8,595.00	77	58,462.68
10/11/2017	Ecorp ACH Out WOMENS RES CEN NATCH (Pending)	5,570.00	74	67,057.68
10/11/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	10,700.00	71	72,627.68
10/11/2017	Ecorp ACH Out WOMEN RESOURCES COMM (Pending)	1,200.00	48	83,327.68
10/11/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	12.04	28	84,527.68
10/11/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	141.78	25	84,539.72
10/06/2017	Sept 2017	4,500.00	92	84,681.50
10/06/2017	Sept 2017	2,200.00	46	89,181.50
10/06/2017	Sept 2017	875.00	42	91,381.50
10/06/2017	Sept 2017	800.00	56	92,256.50
10/06/2017	Sept 2017	700.00	50	93,056.50
10/06/2017	Sept 2017	700.00	52	93,756.50
10/06/2017	Sept17 Printing	550.00	34	94,456.50

Additional items prior to 10/06/2017 may be available in the transaction archive.

MEMBER FDIC
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eStatement/Notice enrollment

EQUAL HOUSING LENDER

VERISIGN

TRUSTSECURE

CONTACT US

PO# 2000 224936

SECTION A

SALARY

SECTION A - SALARY
Caring To Love Ministries
LCP Payroll Summary-Sept17
September 2017

	Adams, Jashonda M	Gray, Sanaretha A	Hardee, Kim A	TOTAL
Employee Wages, Taxes and Adjustments				
Gross Pay				
Care Pregnancy Clinic Salary	1,880.00	2,000.00	3,050.68	6,930.68
Total Gross Pay	1,880.00	2,000.00	3,050.68	6,930.68
Deductions from Gross Pay				
Health Insurance (taxable)	0.00	0.00	-452.22	-452.22
Total Deductions from Gross Pay	0.00	0.00	-452.22	-452.22
Adjusted Gross Pay	1,880.00	2,000.00	2,598.46	6,478.46
Taxes Withheld				
Federal Withholding	-1.00	-232.00	-340.00	-573.00
Medicare Employee	-27.26	-29.00	-44.23	-100.49
Social Security Employee	-116.56	-124.00	-189.14	-429.70
LA - Withholding	-41.52	-57.33	-72.16	-171.01
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00
Total Taxes Withheld	-186.34	-442.33	-645.53	-1,274.20
Net Pay	1,693.66	1,557.67	1,952.93	5,204.26
Employer Taxes and Contributions				
Medicare Company	27.26	29.00	44.23	100.49
Social Security Company	116.56	124.00	189.14	429.70
Total Employer Taxes and Contributions	143.82	153.00	233.37	530.19

Position-Direct Services	Employee Name	Salary	Blue Cross	FICA	Worker's Comp	Total Fringe	Total
Services Coordinator	Sanaretha Gray	1,900.00 ✓		145.35	45.00	✓ 190.35	2,090.35
Home Prenatal Care Nurse	Kim Hardee	1,600.00 ✓	250.00	122.40	37.89	✓ 410.29	2,010.29
Home prenatal Care Educator	J Monic Adams	980.00 ✓		74.97	23.21	✓ 98.18	1,078.18
Clerical Support							
TOTALS		4,480.00	250.00	342.72	106.10	698.82	5,178.82

NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICRONOTCHES BORDER

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9335.
PAY TO THE ORDER OF <u>Jashonda Monic Adams</u>		04-15864 9/5/17
Eight Hundred Thirty-Eight and 46/100		\$ 838.46 DOLLARS
Jashonda Monic Adams 11825 Sherwood Valley Ct Baton Rouge, LA 70816		VOID AFTER 90 DAYS STAR ACCOUNT <i>Dorothy Miller</i> AUTHORIZED SIGNATURE NOTICE: DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS ANYWHERE IMAGE DISAPPEARS AND IS VOID.
MEMO Pay Period: 08/16/17 - 08/31/17 #0093351# 1065400153: [REDACTED]		

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

Gwinnett BATON ROUGE,
LOUISIANA

9350

84-18884

9/20/17

PAY TO THE Jashonda Monic Adams
ORDER OF

\$ **856.20

DOLLARS

Jashonda Monic Adams
11625 Sherwood Valley Ct
Baton Rouge, LA 70816

VOID AFTER 60 DAYS
STAR ACCOUNT

[Signature] AUTHORIZED SIGNATURE

MEMO

Pay Period: 09/01/17 - 09/16/17

#009350# 1065400153# *[Redacted]*

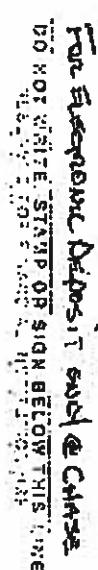
CHECK HERE AFTER
ENDORSEMENT
MOBILE OR REMOTE DEPOSIT DATE
DO NOT WRITE STAMP OR SIGN BELOW THIS LINE
FSA 140.0 FOR FINANCIAL INSTITUTION USE

FOR DEPOSIT ONLY MAIL STARTR #1765
TELE 91 TR 3500 DEPOSIT TIME: 10:50
H-104 653637 2017/09/20
AGN + 065400153 CK ACT 04823653
CK# 00R00 ANT 503.20
REFERENCE # 837262020240
APPROVAL # SS3105
BANK ABP+ null
BANK ACCT # 153911683458
PAYROLL GOVERNMENT CHECK
WIA HART #11264
LICENSED CHECK
2017/09/20
FOR RETURN ITEMS
09190107
ACCT # 153911688346
BANK ABP+ null
BANK ACCT # 153911683458
CITY 153911688346

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

13

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		WHITNEY BATON ROUGE, LOUISIANA	9340
		84-16884	9/5/17
PAY TO THE ORDER OF <u>Kim A Hardie</u>		\$ 978.47	DOLLARS
Nine Hundred Seventy-Six and 47/100			
Kim A Hardie 15947 Haynes Bluff Ave Baton Rouge, LA 70817		VOID AFTER 60 DAYS STAR ACCOUNT	<i>Dorothy Waller</i> AUTHORIZED SIGNATURE
MEMO Pay Period: 08/16/17 - 08/31/17		 #009340# 1005400153# 	
		 Kim Hardie	

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

THOMAS BATON ROUGE,
LOUISIANA

9353

84-15754

9/20/17

PAY TO THE ORDER OF Kim A Hardee

\$ 976.46

DOLLARS

Nine Hundred Seventy-Six and 46/100th

**Kim A Hardee
15947 Haynes Bluff Ave
Baton Rouge, LA 70817**

**VOID AFTER 60 DAYS
STAR ACCOUNT**

MEMO

Pay Period: 09/01/17 - 09/15/17

* AUTHORIZED SIGNATURE

• ٠٥٦٥٤٠٣٢١٥٣٠ - ٠٩٣٥٣٩٥٠٦٦٦٣٠

For Deposit Only - JPMorgan Chase

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ENDURANCE
REVIEW

For Electronic Deposit to Library
GALILEO • FIRE ALIBI
NOTICE OF REMOTE DEPOSIT DATE _____

THE DILEMMA

DO NOT WRITE. STAMP OR SIGN ON THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

The security features listed below are included in most models, but may not be listed, as some security features are optional.

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

ORIGINAL DOCUMENT - DO NOT COPY. CHEMICAL REACTIVITY CHECKED AND APPROVED.

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

W^hITNEY BATON ROUGE,
LOUISIANA

9339

84-15854

9/5/17

PAY TO THE: **Sanaretha A Gray**

\$ **760.67**

DOLLARS**Seven Hundred Sixty and 67/100**

Sanaretha A Gray
PO Box 413
Prairieville, LA 70769

VOID AFTER 60 DAYS
STAR ACCOUNT

MEMO

Pay Period: 08/16/17 - 08/31/17

AUTHORIZED SIGNATURE

#009339# 1065400153# [REDACTED]

E Federal CU
BOFD RT-268473511
Account:12118
08/11/2017, 01:03:41 (-05:00) PM
Item:11303258734

DO NOT WRITE STATE OR SIGN BELOW THIS LINE
RECEIVED FULL PRINTED NAME OF SIGNER

O
EXPENSE HERE
Sanaretha A Gray

SECTION A-PERSONNEL SERVICES-Services Coordinator**LCP Budget to reimburse CTLM = \$1900.00 for month**

ORIGINAL DOCUMENT PRINTED ON LEGAL SIZE PAPER WITH INK

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

WHITELEY BATON ROUGE,
LOUISIANA

9354

84-15654

9/20/17

PAY TO THE
ORDER OF

Sanaretha A Gray

\$ **797.00

Seven Hundred Ninety-Seven and 00/100

DOLLARS

Sanaretha A Gray
PO Box 413
Prairieville, LA 70769

VOID AFTER 90 DAYS
STAR ACCOUNT

MEMO

Pay Period: 09/01/17 - 09/15/17

AUTHORIZED SIGNATURE

#009354 00654001530 [REDACTED]

E Federal CU
BOFD
[REDACTED]
[REDACTED]
09/21/2017, 12:41:53 (-05:00) PM
Item:211241508713

CHECK HERE AFTER
MOBILE OR REMOTE DEPOSIT DATE
DO NOT WRITE STAMP OR SIGN BELOW THIS LINE
[REDACTED]

ENDORSE HERE
[Signature] Sanaretha A Gray

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM = \$1900.00 for month

9

PO# 2000 224936

SECTION B

FRINGES

GBS60117000181020



Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814

Group ID:	27456183
Sub-group ID:	0000

Due Date: 09/15/2017
Billing Date: 08/30/2017

Invoice Period From : 09/15/2017
Invoice Period Through: 10/14/2017
Invoice Number : 172420000508

Subscriber Count: 2

Outstanding Balance..... \$0.00

Premiums This Period..... \$2,134.03

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$2,134.03

Please Pay Total Amount Due

\$2,134.03

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ↵

SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

15

**CARING TO LOVE MINISTRIES
OPERATING ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LA 70814
(225) 273-1124**

 WHITNEY BATON ROUGE,
LOUISIANA

17698

24.15/164

8/12/17

PAY TO THE ORDER OF Blue Cross Blue Shield

\$ 2,134.03

Two Thousand One Hundred Thirty-Four and 03/100

DOLLARS

**Blue Cross Blue Shield
P.O. Box 650007
Dallas, TX 75265**

**VOID AFTER 60 DAYS
OPERATING ACCOUNT**

MEMO

Group ID 27A61EBC Submitter 0009 8/15/10/14/1

WHITE ZIP SYSTEM

01-2698C 69654001536

ENVOYEE HEREE

000104 032 091817 1088
30M33ERC DAL CRED TO PAYEE
0712305424/12 ABS END GUAR
091817 236828 032 084

0918177236830 098 196 083 48

SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

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TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxx7636

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270767812844692
-----------------------------	-----------------

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information		Entered Data
Taxpayer EIN		xxxx7636
Tax Form		941 Employers Federal Tax
Tax Type		Federal Tax Deposit
Tax Period		Q3/2017
Payment Amount		\$3,296.28
Settlement Date		10/05/2017
Subcategories:		
1 Social Security		\$1,863.48
2 Medicare		\$435.78
3 Tax Withholding		\$997.00
Account Number		xxxx6585
Account Type		CHECKING
Routing Number		065400153
Bank Name		WHITNEY BANK

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[USA.gov](#) [IRS.gov](#) [Treasury.gov](#)

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PO# 2000 224936-0917

Section A-Fringes-Fica

4342.72

Page 1 of 1

LCP Budget to reimburse CTLM = \$441.88 for month

17

PO# 2000 224936-0917

Section 1 - Fringes Workers' Comp



Workman's Comp Life Choice \$136.80 Section B

LCTA CASUALTY INSURANCE COMPANY CTLM ~~\$152.20~~ **182.90**
SELF-REPORTING WORKSHEET Total= **\$289.00 + fee 5.00 = 294.00**

 Policy Year 2 117
 Print Date: 9/26/2017

Care Pregnancy Clinic
 Caring to Love Ministries Inc
 3813 N Flannery
 Baton Rouge, LA 70814

Agent: 576
 Ozark South Central Insurance
 (225)775-7614

Carrier Policy #: WC-1-019438-117
 Rating State: LA
 Payment Due: 10/15/2017

Policy period: 1/01/2017 - 1/01/2018
 Reporting Period: 9/01/2017 - 9/30/2017

Policy No.: 001000019438117 Division: 0

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noc	<u>7655.91</u>	.29	<u>22.20</u>
8864	Social Svcs Org-All Employees	<u>10,340.68</u>	2.58	<u>266.79</u>
Life Choice = <u>106.10</u> CTLM = <u>\$152.20</u> <u>182.90</u> TOTAL = <u>\$289.00 + fee 5.00 = 294.00</u>				
**** If no payrolls, report "none" ****				
Discounts included in lines (9) (13):		(6) Total Manual Premium		<u>288.99</u>
		(7) Increased Limits	.000%	+ <u>0.00</u>
		(8) Subtotal		= <u>288.99</u>
		(9) Discount factor before modifier	x 1.000	
		(10) Subtotal		= <u>288.99</u>
		(11) Experience Modifier	x 1.000	
Months not reported:		(12) Subtotal		= <u>288.99</u>
		(13) Discount factor after modifier	x 1.000	
		(14) Total Premium Due		= <u>288.99</u>
Make check payable to:		(15) Add Cents to round		<u>.01</u>
LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510		(16)		+ <u>0.00</u>
		(17) Previous Balance		+ <u>0.00</u>
		(18) Total Due		= <u>289.00</u>

For billing inquiries, call: PREMIUM ACCT 225-242-4443

$$+ \text{processing fee } 5.00 = 294.00$$

Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie MarinTitle: AcceptorDate: 10/4/17

18

Copy of payment receipt from LCTA WORKERS COMP

BusinessServices@intuit.com

Mon 10/9/2017 11:44 AM

To:luv luv <luv@ctlm.org>;

Dear Care Pregnancy Clinic

Below is the sales receipt provided to you by LCTA WORKERS COMP

Transaction Receipt			
Transaction Type	Sale	Amount:	\$294.00
Name:	Care Pregnancy Clinic	Date & Time:	10/09/2017 - 09:44 PDT
Check Information			
Account No.:	*****69	Account type:	Checking
Routing No.:	*****153		
Payment ID			
Authorization Code:	577-971	Transaction ID:	a0gsusa0

Thank you for your order,
LCTA WORKERS COMP

LCTAACOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA WORKERS COMP to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$294.00 on or after 10/09/2017 - 09:44 PDT . If you have any questions about this payment or your authorization, you may contact LCTA WORKERS COMP at LCTAACOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PO# 2000 224936-0917

Section B-Fringes-Worker's Comp

Page 2 of 2

SECTION 1-FRINGES-Worker's Comp

LCP Budget to reimburse CTLM = ~~\$136.80~~ for month

106.10 (JW)

PO# 2000 224936

SECTION C

TRAVEL

Dashonda	-218 miles	\$141.78
Kim	23.60 miles	\$12.04
		<u>\$153.82</u>

TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

ACH = \$141.78

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

DATE OF CLAIM

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

9/1/17 - 9/30/17

NAME OF OFFICER OR EMPLOYEE

Jashonda Monic Adams

ADDRESS

11626 Sherwood Valley Ct

CITY

Baton Rouge, LA 70816

Expense Summary

Automobile:	Lump-Sum Allowance	\$	\$ 141.78
	Per Mile Cost: 278	ml. @ .51 ml. @ .51	
Subsistence:	Lodging	\$	\$
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)	\$	
Tolls and Parking		\$	
Tips (for baggage handling only)		\$	
Other Expenses		\$	
Less: Travel Advance		\$	
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients	\$ 141.78	

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

Jashonda Adams

TITLE OR POSITION

Harmonee Deneal Case Elumwof

OFFICIAL DOMICILE

E Baton Rouge Parish

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

NAME

CEO/President

TITLE

SIGNED BY:

Dorothy Wallis

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

ACH = \$141.78

Date	Hour (AM/PM)	Arr	Territory Traveled	Depart	Arrive	Miles Trav	Subsistence				
							Lodging	No.	Meals Cost	Tolls and Parking	Tips
9/1/2017	10:21:00 AM	10:45:00 AM	3813 N. Flannery Rd, BR, LA, 70817 to 17328 Kaitlyn Dr, BR, LA 70817	112241	112254	13					
			17328 Kaitlyn Dr, BR, LA 70817 to	112254	112262	8					
9/1/2017	11:00:00 AM	11:31:00 AM	1331 N. Sherwood Blvd, apt 229, BR, LA 70815 ✓								
			1331 N. Sherwood Blvd, apt 229, BR, LA 70815 ✓								
9/1/2017	11:31:00 AM	12:07:00 PM	3813 N. Flannery Rd, BR, LA, 70817 to	112262	112266	4					
			3813 N. Flannery Rd, BR, LA, 70817 to	112262	112266	4					
9/6/2017	1:15:00 PM	1:46:00 PM	3813 N. Flannery Rd, BR, LA, 70817 to 1726 Mast Dr, BR, LA 70820	112430	112444	14					
			1726 Mast Dr, BR, LA 70820 to	112444	112458	14					
9/6/2017	2:11:00 PM	2:34:00 PM	3813 N. Flannery Rd, BR, LA, 70817	112444	112458	14					
			3813 N. Flannery Rd, BR, LA, 70817	112444	112458	14					
9/11/2017	11:07:00 AM	11:27:00 AM	3813 N. Flannery Rd, BR, LA, 70817 to 15179 W. Beaver Dr, Pride, LA 70770	112536	112548	12					
			15179 W. Beaver Dr, Pride, LA 70770	112536	112548	12					
9/11/2017	12:00:00 PM	12:33:00 PM	3813 N. Flannery Rd, BR, LA, 70817	112548	112560	12					
			3813 N. Flannery Rd, BR, LA, 70817	112548	112560	12					
9/11/2017	2:56:00 PM	3:09:00 PM	3813 N. Flannery Rd, BR, LA 70817	112566	112571	5					
			17070 Greenwell Springs RD,ste B 70739	112566	112571	5					
9/11/2017	3:20:00 PM	3:45:00 PM	17070 Greenwell Springs RD,ste B 70739 to 3813 N. Flannery Rd, BR, LA, 70817	112571	112576	5					
			3813 N. Flannery Rd, BR, LA, 70817	112571	112576	5					
9/11/2017	3:52:00 PM	4:00:00 PM	3813 N. Flannery Rd, BR, LA, 70817 to 3204 Brady St, BR, LA, 70805	112576	112585	9					
			3204 Brady St, BR, LA, 70805	112576	112585	9					
9/11/2017	4:24:00 PM	4:46:00 PM	3204 Brady St, BR, LA, 70805 to 3813 N. Flannery Rd, BR, LA, 70817	112585	112594	9					
			3813 N. Flannery Rd, BR, LA, 70817	112585	112594	9					
				0	0	0					
				0	0	0					

Total Miles Traveled	- Subtract total	105
Rate per Mile		0.51
Total Amount to Bill		\$ 53.55

ACH = \$141.78

Date	Hour (AM/PM)	Arr	Territory Traveled	Odometer			Substance					
				Depart	Arrive	Miles	Logline	No.	Meals	Cost	Tolls and Parking	Tips
9/12/2017	1:26:00 PM	1:53:00 PM	3813 N. Flannery Rd, BR ,LA 70814 to 8393 Siegen Ln, BR, LA, 70810	112609	112619	10						
9/12/2017	2:20:00 PM	2:45:00 PM	8393 Siegen Ln, BR, LA, 70810 to 3256 Canonicus St, BR, LA 70805	112619	112632	13						
9/12/2017	3:05:00 PM	3:24:00 PM	3256 Canonicus St, BR, LA 70805 to 3813 N. Flannery Rd, BR ,LA 70814 to	112632	112641	9						
9/13/2017	9:47:00 AM	10:10:00 AM	3813 N. Flannery Rd, BR ,LA 70814 to 426 Martin Luther King Jr Dr, DS, LA 70726	112642	112650	8						
9/13/2017	10:35:00 AM	10:42:00 AM	426 Martin Luther King Jr Dr, DS, LA 70726 to 3813 N. Flannery Rd, BR ,LA 70814	112650	112658	8						
9/15/2017	11:13:00 AM	11:45:00 AM	3813 N. Flannery Rd, BR ,LA 70814 to 5151 Plank Rd, BR, LA 70805	112704	112714	10						
9/15/2017	12:06:00 AM	12:34:00 PM	5151 Plank Rd, BR, LA 70805 to 3813 N. Flannery Rd, BR ,LA 70814	112714	112724	10						
9/15/2017	1:39:00 PM	2:00:00 AM	3813 N. Flannery Rd, BR ,LA 70814 to 7612 Glenetta Ct, BR, LA 70812	112724	112732	8						
9/15/2017	2:26:00 PM	2:49:00 PM	7612 Glenetta Ct, BR, LA 70812 to 3813 N. Flannery Rd, BR ,LA 70814	112732	112740	8						
						0						
9/18/2017	10:20:00 AM	10:31:00 AM	3813 N. Flannery Rd, BR ,LA 70814 to 2220 Sherwood Forest Blvd, BR, LA 70816 to	112813	112818	5						
9/18/2017	11:29:00 AM	11:40:00 AM	2220 Sherwood Forest Blvd, BR, LA 70816 to 3813 N. Flannery Rd, BR ,LA 70814 to	112818	112823	5						
9/19/2017	10:35:00 AM	10:53:00 AM	3813 N. Flannery Rd, BR ,LA 70814 to 6142 Glen Echo Dr, BR, LA 70811	112842	112851	9						
						9						
11:12:00 AM	11:39:00 AM		6142 Glen Echo Dr, BR, LA 70811 to 3813 N. Flannery Rd, BR ,LA 70814	112851	112860	9						
						9						

ACH = \$141.78

~~Subtotal~~
Total Miles Traveled Rate per Mile
Total Amount to Bill

0.51
\$ 31.11

Rate per Mile
Total Amount to Bill

x .5 |

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144

24

ACH = \$141.78

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Transfer Confirmation as of 10/09/2017 9:58 AM

CARE PREGNANCY CLINI	Transfer Date:	10/11/2017	Transfer Summary
	Transfer Amount:	141.78	Number of Transfer Items: 1
	From Account Nickname:	LCP CHECKING	Total of Transfer Amounts: 141.78
	From Institution R/T Number:	2650-70435	
	From Account Type:	Demand Deposit	
	From Account:	100526649	
	To Institution R/T Number:	[REDACTED]	
	To Account Type:	Demand Deposit	
	To Account:	[REDACTED]	
	Confirmation Number:	[REDACTED]	
	Status:	Approved	

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PO# 2000 224936-0917
TRAVEL EXPENSE ACCOUNT

Section 12 Travel

Page 1 of 3

Page 1 of 2

BA-12 (3/97)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Kim Hardee

ADDRESS
15947 Haynes Bluff Ave.CITY
Baton Rouge, La 70817**ACH = \$12.04**

DATE OF CLAIM 09/30/17

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD 09/01/17-09/30/17

Expense Summary

Automobile:	Lump-Sum Allowance	\$	\$ 12.04
	Per Mile Cost:	mi. @ .51	
Subsistence:	Lodging	\$	\$
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)	\$	
Tolls and Parking			\$
Tips (for baggage handling only)			\$
Other Expenses			\$
Less: Travel Advance			\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients		\$ 12.04

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

K. Hardee

TITLE OR POSITION

Home Prenatal Care Nurse

OFFICIAL DOMICILE

E. Baton Rouge

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

NAME

CEO/President

TITLE

SIGNED BY:

Dorothy Wallis

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

PO# 2000 224936-0917

Section C Travel

AC4 - \$12.04

Page 2 of 3

DATE	HOUR (SPECIFY AM/PM)	TERRITORY TRAVELED SHOW ALL POINTS VISITED	ODOMETER READING		SUBSISTENCE		OTHER EXPENSES		COST
			DEP.	ARR.	DEPART	ARRIVE	MEALS	TOLLS AND PARK.	
091202017	1:45pm	3813 N. Flannery Baton Rouge, La. La. TO 70805	39510	39516.6	6.6				
091202017	2:05pm	6910 Airline Hwy Baton Rouge, La							
091202017	2:20 pm	6910 Airline Hwy. Baton Rouge, La. La.70805 TO 70802	4127 Prevost St. Baton Rouge, La. 39544-6 39516.6	39520	3.3				
091202017	2:55pm	7127 Prevost St. Baton Rouge, La. 70802 TO							
09122202017	2:10 pm	3813 N. Flannery Baton Rouge, La 70814 TO	39520	39528.1	8.1				
09122202017	2:50 pm	13912 Goodwood Baton Rouge, La. 70815	40622.8	40622.8	2.8				
09122202017	2:50 pm	13912 Goodwood Baton Rouge, La. 70815 TO	40625.6	40625.6	2.8				
09122202017	3:15 pm	3813 N. Flannery Baton Rouge La.70814	40622.8	40622.8					

ACH = \$12.04

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Transfer Confirmation as of 10/09/2017 9:58 AM

CARE PREGNANCY CLINI	Transfer Date:	10/11/2017	Transfer Summary
	Transfer Amount:	12.04	Number of Transfer Items: 1
	From Account Nickname:	LCP CHECKING	Total of Transfer Amounts: 12.04
	From Institution R/T Number:	2650-70435	Important: You May Want to Print this Page for Future Reference.
	From Account Type:	Demand Deposit	
	From Account:	[REDACTED]	
	To Institution R/T Number:	[REDACTED]	
	To Account Type:	Demand Deposit	
	To Account:	[REDACTED]	
	Confirmation Number:	118582451	
	Status:	Approved	

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CONTACT US

PO# 2000 224936

SECTION D

~~Promotional~~ **OPERATING EXPENSES**

~~Printing~~ - Ad choice - 9-1-17 - \$174.00 > Ad America
337.95
~~Printing~~ - Lifeforce 9-1-17 - \$163.95
~~Printing~~ - Randy Rice 9-1-17 - \$550.00
881.95

Copy machine - delage - \$250.00 - 9-23-17 pd 10/31/17

Internet - att /CH - \$195.00 - 9-19-17 - pd 10/2/17

Website - woofoo - autopay 9/20/17 #1495

Know for Sure - 9/30/17 - \$815.00 - pd 10/6/17 29



Internet Marketing • Direct Mail • Yellow Pages

**18308 Wickham Rd. Ste B
Olney, MD 20832**

Date	Invoice #
9/1/2017	225493

Phone: 301 570-7575
Fax: 866 324-5531

Bill To

**Caring to Love Ministries
Life Choice Project
Dorothy Wallis
3813 North Flannery Road
Baton Rouge, LA 70814**

Terms	Account #
Net 30	

Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575
Fax: 866 324-5531

Date	Invoice #
9/1/2017	225494

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-0917			Page 2 of 5
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			
Plus 550.00 Randy Rice & Assoc equals \$887.95			

Total \$163.95

CARING TO LOVE MINISTRIES
 OPERATING ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LA 70814
 (225) 873-1124

 WHITNEY BATON ROUGE, LOUISIANA

17686

04-15454

9/1/17

PAY TO THE ORDER OF Ad America

\$ 337.95

DOLLARS

Three Hundred Thirty-Seven and 95/100

Ad America
 18308 Wickham Rd, Ste B
 Olney, MD 20832

VOID AFTER 60 DAYS
 OPERATING ACCOUNT

MEMO

Dorothy Waller AUTHORIZED SIGNATURE

PO# 17686# 10654001531

386616020070 100611 20170908 000000000
 TRN_DEBIT JKAUR5 33795
 Olney 3866 04112017 1

PAY TO THE ORDER OF
 FOR DEDUCTION ONLY
 AD AMERICA
 10/17/2017

PO# 2000 224936-0917

Page 3 of 5

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Plus 550.00 Randy Rice & Assoc equals \$887.95

32

Randy Rice and Associates

8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451

Invoice

DATE	INVOICE #
9/1/2017	13917

Caring to Love Ministries
3813 North Flannery
Baton Rouge, La 70814

DESCRIPTION	AMOUNT
August Social Advertising	
Social Media Marketing Campaign Facebook & Instagram 7,470 People Reached ,495 Post Engagements	550.00
PO# 2000 224936-0917	Page 4 of 5
SECTION D-Operating Expense-Printing	
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America	
Plus 550.00 Randy Rice & Assoc equals \$887.95	
Thank you for your business.	Total \$550.00

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& Trust Company**[Home](#) [Accounts](#) [Management Tools](#) [Account Services](#) [Print](#)**Transfer Confirmation as of 10/05/2017 9:08 AM**

RANDY RICE & ASSOC	
Transfer Date:	10/06/2017
Transfer Amount:	550.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	2650-70435
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	0654-00137
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	[REDACTED]
Status:	Approved

Transfer SummaryNumber of Transfer Items:
Total of Transfer Amounts:

1

550.00

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PO# 2000 224936-0917

Page 5 of 5

SECTION D-Operating Expense-Printing**LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America****Plus 550.00 Randy Rice & Assoc equals \$887.95**

34



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 56341965
Due Date: 10/15/2017
Due This Period: \$555.75

Amount Enclosed: \$ _____

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1802

.....

**CARE PREGNANCY CLINIC
ATTN AP
3813 N FLANNERY RD
BATON ROUGE LA 70814-8002**

2100000563419650000555751

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

 800-736-0220

Contract Number:	25427116
Invoice Number:	56341965
Account Number:	854059
Site Number:	3951293
Invoice Date:	09/23/2017
Period of Performance:	09/15/2017-10/14/2017
Due This Period:	\$555.75

Visit www.lesseedirect.com

IMPORTANT MESSAGES

***Please review your equipment location(s) for tax purposes.**

Did you know you can...

- ✓ View copies of your contract and open invoices
 - ✓ Enroll in paperless invoicing
 - ✓ Make a payment
 - ✓ Set up automated/recurring payments

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25427116	CFKF69481		TOSHIBA / ES3505AC	25427116_1				\$294.56	\$29.46	\$324.02
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	DRL28209		CANON / IR1025IF	25427116_3				\$27.75	\$2.78	\$30.53
ROM 2000 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	HPR09882		CANON / IRA4035	25427116_2				\$158.58	\$15.88	\$174.44
SECTION 1301 FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
Operating Expense-Copy Machine								Asset Amount Total:	\$528.99	

LCP Budget to reimburse CTL M = \$250.00 DelAige Landen Financial Services, Inc

Confirmation

Thank You! Your payment has been made.

CARE PREGNANCY CLINIC

Dorothy Wallis
ATTN A P
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Payment Date	10/03/2017
Payment Method	CTLM Operating WHITNEY BANK ****6569
Total Payment	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Monday, October 02, 2017 12:00 PM ET will be posted on Monday, October 02, 2017. Payments confirmed after Monday, October 02, 2017 12:00 PM ET will be posted on Tuesday, October 03, 2017.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

Confirmation Number	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3105008646	854059-3951293	9/23/2017	56341965	10/15/2017	\$555.75	\$555.75

PO# 2000 224936-0917

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

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Invoice No. LCP 09/30/2017
P.O.# 2000 224936

INVOICE

Customer

Name Life Choice Project
Address 3813 N. Flannery Road
City Baton Rouge State LA ZIP 70814
Phone 225-273-1124

Date 9/30/2017

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Cost for Internet Usage	\$ 195.00	\$ 195.00

Payment

Please make check payable to:
Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

SubTotal	\$ 195.00
TOTAL	\$ 195.00

Office Use Only

PO# 2000 224936-0917

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE LA 70814

Page	1 of 4
Account Number	171-800-0934 001
Billing Date	Sep 19, 2017
Questions?	1 800 358-1111
Web Site	att.com
Invoice	5797897306
AT&T Tax ID	13-4924710

Invoice

Bill-A1-A-Glance

Previous Bill	700.72
Payment - Thank You!	700.72CR
Adjustments	.00
Balance	.00
Current Charges	702.31
Total Amount Due	\$702.31
Payment Due Date	Oct 19, 2017

Group #000001 3813 Flannery Rd Baton Rouge - Continued

Taxes	
State:	
8. LA/LOUISIANA	7.01
Total Taxes	7.01
Total Sub-Account #829-000-2551 191	667.81
Sub-Account #831-000-6867 906	
Charges for Subscriber/Router ID 0000522461	
3813 N FLANNERY RD	
BATON ROUGE, LA 70814	
Taxes	
County:	
9. LA/LOCAL 911 CHARGE	34.50
Total Taxes	34.50
Total Subscriber/Router ID 0000522461	34.50
Total Sub-Account #831-000-6867 906	34.50
Total Group #000001	702.31

Total Current Charges **702.31**

Billing Summary

For detailed information of your charges go to
www.businessdirect.att.com

Questions? Call: 1 800 358-1111

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	667.81
Sub-Account #831-000-6867 906	34.50
Total Group #000001	702.31
Total Current Charges	702.31

News You Can Use

News You Can Use

ACCOUNT STATUS
Where allowed by law, AT&T may implement late payment interest of no more than 16% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

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Make a statement - by not receiving one, View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect and View Bills, Please contact your Account Executive.

Current Charges

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	
Fiber Broadband	
Recurring Charges:	
Sep 18, 2017 thru Sep 18, 2017	
1. Fiber Broadband Bundle 10M/23CC	587.50
ABN Fiber Broadband Discount 662.50CR	
Total Fiber Broadband	587.50
Surcharges and Other Fees	
2. Universal Connectivity Charge - Interstate	21.15
3. Administrative Expense Fee - Interstate	1.53
4. Property Tax Allotment - Interstate	4.21
5. Federal Regulatory Fee - Interstate	5.89
6. Federal Access Recovery Fee	37.09
7. LA UNIVERSAL SERVICE FEE	3.43
Total Surcharges and Other Fees	73.30

Return bottom portion with your check in the enclosed envelope.

DUE BY: Oct 19, 2017 \$702.31

Billing Date Sep 19, 2017

Account Number **171-800-0934 001**
Please include your account number on your check

Make checks payable to:

AT&T
P.O. Box 5019
Carol Stream, IL 60197-5019

CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

PO# 2000 224936-0917

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

17180009340015777897306088200000007023100000702313

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10/2/2017

1718000934001 CARING TO LOVE MINISTRIES



vickiebdavis@gmail.com

From: g45809@att.com
To: vickiebdavis@gmail.com
Sent: Oct 2, 2017 1:34:31 PM EDT
Subject: 1718000934001 CARING TO LOVE MINISTRIES
Attached: .25.pdf (195 kb)

Make a Payment

Account: 1718000934001
Bill Name: CARING TO LOVE MINISTRIES

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Visa ...0848 Dorothy Wallace ...0848 Exp. 12/2019	5LT7CSR1J05825H	10/02/17	\$702.31

Invoice Number	Invoice Amount	Invoice Current Charges	Payment Amount
5797897306	702.31	702.31	702.31

Regards,
 Damon Sandness
 AT&T MERK Escalation Team
 Tel.: (866) 502-9421
 Email: ds565d@att.com

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PO# 2000 224936-0917

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

Wufoo.com Bill #2345732 Credit Card \$14.65 Wufoo.com ***

Wufoo Billing <no-reply@wufuu.com>

Wed 9/20/2017 10:04 AM

To: webdevelopment webdevelopment <webdevelopment@ctlm.org>; luv luv <luv@ctlm.org>;



Infinity Box Inc.
3050 South Delaware Street
San Mateo, CA 94403
United States

Billed To :
Dorothy H Wallis
3813 N. Flannery Road
70814
United States

2017-09-20

Transaction ID: # 2345732

Wufoo Bill

Thanks for your payment! This email confirms that your credit card ending in **0848** was charged **\$14.95** for your Wufoo subscription. This transaction will appear on your credit card statement from "Wufoo.com/charge/" Please keep a copy of this bill for your records and for future reference. If you have any questions, comments, or concerns about this bill, please send them on to billing@wufuu.com

Your subscription will automatically renew and you'll be billed \$14.95 each month until you cancel it. See Cancellation Information for more details.

Thanks again for using Wufoo and happy form building!

Sources for Women

A ministry of Caring To Love Ministries
3813 N Flannery Rd
Baton Rouge, LA 70814

**Invoice No. LCP 09/30/2017
P.O.# 2000 224936**

INVOICE

Customer

Name Life Choice Project
Address 3813 N. Flannery Road
City Baton Rouge State LA ZIP 70814
Phone 225-273-1124

Date 9/30/2017

Payment

Please make check payable to:

**Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814**

SubTotal \$ 875.00

TOTAL \$ 875.00

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SECTION D Operating Expense KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

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Transfer Confirmation as of 10/05/2017 9:10 AM

KNOW FOR SURE	
Transfer Date:	10/06/2017
Transfer Amount:	875.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	2650-70435
From Account Type:	Demand Deposit
From Account:	100526649
To Institution R/T Number:	0654-00153
To Account Type:	Demand Deposit
To Account:	48236607
Confirmation Number:	118911010
Status:	Approved

Transfer Summary
Number of Transfer Items:
Total of Transfer Amounts:
1 875.00

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SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

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accounting - Direct Mail Service - 9/30/17 - \$2,000.00 pd 10/6/17

Rel C - General Bradley - Sept 2017 - #1,200.00 - pd.
PO# 2000 224936

PR - Randy Price - 9/30/17 - #700.00 - pd 10/6/17

Web Master - Kathleen Beaufield - #700.00 - 9/30/17 - pd 10/6/17
SECTION F

ETI - Turnkey - 9/1/17 - \$250.00 - pd 9/25/17

PROFESSIONAL

PTS - J. Hamm - 9/30/17 - #800.00 pd 10/6/17
Lacy Bradley - 9/21/17 - #200.00 pd 10/11/17
Sonarotta Gray - 9/30/17 - #100.00 pd 10/11/17
Michelle Dyes - 9/29/17 - #250.00 pd 10/11/17
Emily Ullgenfritz - 9/30/17 - #150.00 pd 10/11/17
Alexis Tamugia - 9/30/17 - #500.00 pd 10/11/17
\$2,000.00

Direct Mailing Services, Inc.

ACH = \$2200.00**Invoice**12562 N Lake Shore Dr
Walker, LA 70785

Date	Invoice #
9/30/2017	559

Bill To
Life Choice Project CTLM 3813 N Flannery Rd Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-September 2017	2,200.00	2,200.00
			Total \$2,200.00

44

ACH = \$2200.00

Life Choice Project
Caring To Love Ministries
PO # 2000 224936-0917
September 2017

Detailed Description for Professional: Accounting Services

<u>Date</u>	<u>Hours</u>	<u>Description</u>	<u>\$</u> <u>2,200.00</u>
9/4/2017		Direct Mailing Services (Vickie Davis)	
9/5/2017		8 Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
09/11-09/14/2017	15	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
9/18/2017		Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
9/20/2017	8	Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 3 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
9/25/2017	8	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
9/29/2017	6	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Prepare for all ACH payments due next week Compare LCP expenditures to Budget	
		Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
		<u>61 Total Hours Worked</u>	

ACH = \$2200.00

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DIRECT MAIL SERVICE	
Transfer Date:	10/06/2017
Transfer Amount:	2,200.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	2650-70435
From Account Type:	Demand Deposit
From Account:	100526649
To Institution R/T Number:	0650-00090
To Account Type:	Demand Deposit
To Account:	792094392
Confirmation Number:	118915194
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	2,200.00
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CONTACT US

Resources for Communities

Garcia Bodley
 P.O. Box 73215
 Baton Rouge, LA 70874
 Phone: (225) 328-1965

INVOICE

Invoice #: 2017-900

Caring to Love Ministries
 C/O Life Choice Project
 3813 Flannery Road
 Baton Rouge, LA 70814
 (225) 273-1124

For: Services: September, 2017

Location: Caring to Love Ministries
 C/O Life Choice Project
 3813 Flannery Road
 Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
9/10, 9/17	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
9/2, 9/7, 9/8	As consultant, conducted on-going review of weekly, monthly and cummulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	3		
ongoing througho ut month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	2		
ongoing	Development and editing of E-Choice Month Newsletter	6		
11-Sep	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		16	\$ 75.00	\$1,200.00

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& Trust Company**[Home](#) [Accounts](#) [Management Tools](#) [Account Services](#) [Print](#)**Transfer Confirmation as of 10/09/2017 10:00 AM**

WOMEN RESOURCES COMM		Transfer Summary	
Transfer Date:	10/11/2017	Number of Transfer Items:	1
Transfer Amount:	1,200.00	Total of Transfer Amounts:	1,200.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	2650-70435		
From Account Type:	Demand Deposit		
From Account:	100526649		
To Institution R/T Number:	0650-00090		
To Account Type:	Demand Deposit		
To Account:	2043507195		
Confirmation Number:	119002570		
Status:	Approved		

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PO# 2000 224936-0917 Section F-Professional-Performance Improv Page 2 of 2**ACH = \$1200.00**

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To Whom It May Concern,

It has come to our attention that you have a question about an ACH that was initiated by Caring to Love Ministries on 10/11/17.

The ACH for \$1200.00 dated 10/11/17 is correctly going to the vendor's routing and account number provided to us by the vendor. The name "Women Resources Comm" is just a template name, a nickname if you will in our banking system, given to this vendor at the inception of the ACH's back in 2013. The payment reflected is accurate.

Please let us know if you have any further questions. I can be contacted at brittainyfields@gulfbank.com or 225-757-4462.

Thank you,

A handwritten signature in black ink that reads "Brittainy Fields".

Brittainy Fields
Branch Manager
Gulf Coast Bank and Trust
7235 Jefferson Highway
Baton Rouge, LA 70806
P: 225-757-4462
E: Brittainyfields@gulfbank.com

Jeanine M. LeBlanc

From: Jeanine M. LeBlanc
Sent: Wednesday, November 01, 2017 1:58 PM
To: 'Dorothy Wallis'
Subject: RE: 2000224936 CtL September 2017 Letter from Gulf Coast Bank

Thank you. I'll let you know if we need anything else.

J

From: Dorothy Wallis [mailto:dwallis@ctlm.org]
Sent: Wednesday, November 01, 2017 1:41 PM
To: Jeanine M. LeBlanc
Cc: Dorothy Wallis
Subject: 2000224936 CtL September 2017 Letter from Gulf Coast Bank

Ms. LeBlanc,

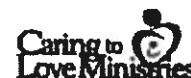
I have attached a letter from Gulf Coast Bank explaining the reason for the name change from Resources for Communities to Women Resources Comm.

If I may be of further assistance please let me know.

Many thanks for bringing this to our attention.

Loving Life,


Dorothy Wallis, M.Div
President & CEO


Caring to Love Ministries
225-215-0004 off
225-273-5931 fax
dwallis@ctlm.org

"Teamwork can help you accomplish greatness."

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From: Jeanine M. LeBlanc [mailto:Jeanine.LeBlanc.DCFS@LA.GOV]
Sent: Wednesday, November 1, 2017 11:07 AM

To: Dorothy Wallis <dwallis@ctlm.org>
Subject: 2000224936 Ctl September 2017 invoice info needed

Ms. Wallis:

You requested reimbursement for payment to Resources for Communities but the payment information you provided states Women Resources Comm. Please email verification of payment of the Resources for Communities bill no later than Monday, November 6, 2017.

Thank you.

Jeanine LeBlanc

Jeanine LeBlanc
ES Program Consultant
Dept. Children and Family Services
627 North Fourth Street, 5-321
Baton Rouge, LA 70802
Jeanine.LeBlanc@la.gov
Office 225-342-5417
Fax 225-342-2536

Randy Rice and Associates ACH = \$700.008221 Summa Ave Suite C
Baton Rouge, LA 70809-3451**Invoice**

DATE	INVOICE #
9/30/2017	13918

Louisiana Life Choice Project
 3813 North Flannery
 Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
September PR Invoice	
Life Choice: LPC Public Relations 20.50 Hrs @ \$39.00 per hour	700.00
4-Gathering of ratings for Radio and/or Television for each station 9-4-16 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 9-4-16 3.0-Negotiation of rates for each of the Radio and/or Television Stations 9-5-16 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 9-5-16 2-Audit of all invoices from each station to ensure that all spots ran as ordered 9-18-16 1.5-Send discrepancy notices for all spots not ran correctly 9-18-16 1-Issuance of credit in the event spots ran incorrectly 9-18-16 1-Arrange for Deliverables 9-18-16 1.5-Processing and delivery of Deliverables 9-18-16	
Thank you for your business.	
	Total \$700.00

ACH = \$700.00

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Transfer Confirmation as of 10/05/2017 9:11 AM

RANDY RICE & ASSOC
Transfer Date:
Transfer Amount:
From Account Nickname:
From Institution R/T Number:
From Account Type:
From Account:
To Institution R/T Number:
To Account Type:
To Account:
Confirmation Number:
Status:

Transfer Summary
Number of Transfer Items:
Total of Transfer Amounts:
1 700.00

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PO# 2000 224936-0917 Section F-Professional-Webmaster

Page 1 of 2

ACH = \$700.00

Invoice

Kathleen Benfield Consultants

P.O. Box 10305
New Orleans, LA 70181

Invoice #: 201169
Invoice Date: 9/30/2017

Terms	Net 30
-------	--------

Bill To:

Life Choice Project
Dorothy Wallis
3813 N. Flannery Rd.
Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for September, 2017 including training, modifications to web based database and reporting	700.00	1	700.00
09/07/17 - Conference Call - Website upgrade		0.5	0.00
09/11/17 - Conference Call - Website upgrade		1	0.00
09/11/17 - Website Upgrade		1	0.00
09/25/17 - Website Upgrade		1	0.00
09/25/17 - Directors Technical Support		3	0.00
09/228/17 - Website modifications		1	0.00
09/28/17 - Directors Technical Support		1	0.00

Total \$700.00

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

Balance Due \$700.00

Gulf Coast Bank & Trust
PO# 2000 224936-0917 Section F-Professional-Webmaster

Page 1 of 1
Page 2 of 2

ACH = \$700.00

[Help](#) [Sign Out](#)



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Transfer Confirmation as of 10/06/2017 9:12 AM

K BENFIELD & ASSOC	
Transfer Date:	10/06/2017
Transfer Amount:	700.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	10000000000000000000000000000000
Status:	Approved

Transfer Summary
Number of Transfer Items: 1
Total of Transfer Amounts: 700.00
Important: You May Want to Print this Page for Future Reference.

MEMBER FDIC eStatement/Notice enrollment
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EQUAL HOUSING LENDER

VERISIGN

TRUSECURE

[CONTACT US](#)

Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444



PAID

Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date	Invoice
09/01/2017	10028856

Terms	Due Date	PO Number	Reference
Net 30 days	10/01/2017		Monthly Billing for September

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"

SEATS INCLUDED: 7

HELPDESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- * The full TKS Partner Pulse Process
- * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- * Network Security & Risk Assessment Scheduled regularly throughout the year
- * TKS Gold Standard Implementation at no extra cost
- * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- * Offsite monitoring and log review of your firewall
- * 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- * vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions
- * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring
- * Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- * Remote support to restore service is included and not billable
- * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- * Unlimited remote Server Administration, User Account Management
- * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ON-SITE SERVICES: professional Information Technology Cons. Turnkey

- * Regularly scheduled vCIO and Wellness checkups are included and not billed separately.
- * Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

LCP Budget to reimburse CTLM = \$250.00

- * PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- * All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- * Not included, available separately

Please make checks payable to Turn Key Solutions, LLC Mail to: 11911 Justice Ave, Baton Rouge, LA 70816 Or use https://www.billandpay.com/go/tks	Invoice Subtotal:	1,101.04
	Sales Tax:	109.82
	Invoice Total:	1,210.86

LCP Budget to reimburse CTLM = \$250.00

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions

PO# 2000224956-0917 Section F-Professional-Infor. Technology Page 2 of 21

\$250.

<p>Payment Receipt TurnKey Solutions, LLC 11911 Justice Ave Baton Rouge, LA 70816 225-751-4444 ar@turnkeysol.com</p> <hr/> <p>Date: 09/25/2017 Confirmation Code: 1355310-6628-1089936213 Customer: Caring To Love Ministries Amount: \$1,210.88 Name On Account: Dorothy H. Wallace Account: Credit Card ****0848</p> <hr/> <table><thead><tr><th>Item</th><th>Date Created</th><th>Due Date</th><th>Amount Paid</th></tr></thead><tbody><tr><td>Invoice 10028858</td><td>09/01/2017</td><td>10/01/2017</td><td>\$1,210.88</td></tr></tbody></table>	Item	Date Created	Due Date	Amount Paid	Invoice 10028858	09/01/2017	10/01/2017	\$1,210.88
Item	Date Created	Due Date	Amount Paid					
Invoice 10028858	09/01/2017	10/01/2017	\$1,210.88					

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ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

J HAM ENTERPRISES, INC.

INVOICE

Date: September 30, 2017

Attention: Dorothy Wallis

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
812 Sandy Lane
Ruston, LA 71270

Description	Amount Due:
Pregnancy Help Center Consulting September 2017 27 hours @ \$30.00 per hour	\$800.00

Summary description of activities by category:

Hours	Activity
10	Daily compilation and submission of center client visits
8	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
3	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

Gulf Coast Bank & Trust
PO# 2000 224936-0917 Section F-Professional-Prof Tech Svc. Page 2 of 12

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

[Help](#) [Sign Out](#)



[Home](#) [Accounts](#) [Management Tools](#) [Account Services](#) [Print](#)

Transfer Confirmation as of 10/05/2017 9:12 AM

J. HAM INC	
Transfer Date:	10/06/2017
Transfer Amount:	800.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	[REDACTED]
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	\$800.00
Important: You May Want to Print this Page for Future Reference.	

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PO# 2000 224936-0917 Section F-Professional-Prof Tech Svc. Page 3 of 12

Lacey Bodley ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

10715 Flintwood Ave, Baton Rouge, LA 70811

Date 09/02/17	To Caring to Love Ministries 3813 N. Flannery Rd. Baton Rouge, Louisiana 70814
------------------	--

Instructions

Please make checks payable to Lacey Bodley and mail to: 10715 Flintwood Ave., Baton Rouge, LA, 70811

Quantity	Description	Unit Price	Total
1	Verification	\$150.00	\$150.00
1	Coordination of Auditors	\$50.00	\$50.00

Discount	
Subtotal	\$200.00
Sales Tax	
Total Due	\$200.00
By 10/10/17	

Thank you for your business!

Page: 1 of 1

Hold	Batch	Name Free Form Address	Account	Identification	Discretionary	Amount	Routing/Transit	Effective Date	Transaction Code
N	0000001	Caring To Love Sept 2017	[REDACTED]			200.00	285070435	10/11/2017	27 Demand Auto Payment
N	0000001	Lacey Boddy Sept 2017	[REDACTED]			200.00	065400137	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017	[REDACTED]			250.00	285070435	10/11/2017	27 Demand Auto Payment
N	0000001	Michelle Dyess Sept 2017	[REDACTED]			250.00	085000090	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017	[REDACTED]			100.00	285070435	10/11/2017	27 Demand Auto Payment
N	0000001	Samantha Gray Sept 2017	[REDACTED]			100.00	285073511	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017	[REDACTED]			150.00	285070435	10/11/2017	27 Demand Auto Payment
N	0000001	Emily Igerlitz Sept 2017	[REDACTED]			150.00	111103650	10/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love Sept 2017	[REDACTED]			500.00	285070435	10/11/2017	27 Demand Auto Payment
N	0000001	Alecia Farmiga Sept 2017	[REDACTED]			500.00	085000090	10/11/2017	22 Demand Auto Deposit
N	0000001								

Batch 1 Total	Batch 1 Entry Count
Debits: 1,200.00	5
Credits: 1,200.00	5
Difference: 0.00	
Totals: 2,400.00	10

File Total	File Entry Count
Debits: 1,200.00	5
Credits: 1,200.00	5
Difference: 0.00	
Totals: 2,400.00	10

PO# 2000 224936-0917 Section F-Professional-Prof Tech Svc. Page 4 of 12

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

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Hours	Activity	Description
1.0	Compliance review CGC - Gonzales	<ul style="list-style-type: none"> - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Institutional Resources, Discussion of findings with Director
1.0	Preparation, compilation, & submission of Compliance Documents	<ul style="list-style-type: none"> Preparation, compilation, & submission of Compliance Documents
1.0	Review and verification of Clinic billing packages, compilation of error report	<ul style="list-style-type: none"> Review and verification of Clinic billing packages, compilation of error report

Summary description of activities by category:

10 hours @ \$10.00 per hour

L

Pregnancy Help C

Description

\$100.00

BILL TO: Carrying to Love Ministries
3813 North Flanner Rd.
P. O. Box 413
Santeria Gray
Remit to:
BILL TO: Baton Rouge, LA 70814
Prairieville, LA 70761

Attention: Dorothy Wallis

Date: September 30, 2017

INVOICE

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

PO# 2000 224936-0917 Section F-Professional-ProfTech SVC. Page 5 of 12

Hold	Batch	Name	Account	Identification	Discretionary	Amount	Routing/Transit	Effective Date	Transaction Code
N	0000001	Caring To Love	[REDACTED]			200.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Lacey Bodley	[REDACTED]			200.00	06540137	10/1/2017	22 Demand Auto Deposit
N	0000001	Caring To Love	[REDACTED]			250.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Michealle Dyes	[REDACTED]			250.00	06500060	10/1/2017	22 Demand Auto Deposit
N	0000001	Caring To Love	[REDACTED]			100.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Sami 2017	[REDACTED]			-100.00	265473511	10/1/2017	22 Demand Auto Deposit
N	0000001	Caring To Love	[REDACTED]			150.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Emily Iggenfritz	[REDACTED]			150.00	111103650	10/1/2017	22 Demand Auto Deposit
N	0000001	Caring To Love	[REDACTED]			500.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Audra Farnugia	[REDACTED]			500.00	06500060	10/1/2017	22 Demand Auto Deposit
N	0000001	Sami 2017	[REDACTED]						

Batch 1 Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

Batch 1 Error Count
File Total
File Entry Count
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

ACH 800+200+100+250+150+500 = 2,000.

SerialRun R-Professional-Print Tech SVU. Page Left 12

Hours	Activity	Description
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge, Restoration PRC, and Women's Life Ministries	- Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Institutional Resources, Discussion of findings with Director

Summary description of activities by category:

10 hours @ \$25 per hour
 September 2017
 Pre-pregnancy Help Center Consulting
 Description
 Amount due: \$250.00

Baton Rouge, LA 70814
 Calling to Love Ministries
 3813 North Flammery Rd.
 12238 Leblanc La
 Walker, LA 70785
 Michele Dyes

Remit to:

Attention: Dorothy Wails

Date: September 29, 2017

INVOICE

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

PO# 2000 224936-0917 Section F-Professional-Prof Tech Svcs. Page 7 of 12

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CH 800-\$200+\$100+\$250+\$150+\$500=\$2000.00

PO# 2000-224936-0917 Section H-Professional-Prof Tech Svc. Page 8 of 12

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Hours	Activity	Entered report
10	Review and verification of Clinic billing packages, compilation of	

Summary description of activities by category:

10 hours @ \$15.00 per hour

September 2017

Prebyterian Help Center Consulting

Description

Amount due:

\$150.00

Baton Rouge, LA 70814
3813 North Flammery Rd.
10012 Rocky Knoll Circle
Family Legendiz
Carling to Love Mlinists
Remit to:

Baton Rouge, LA 70814
3813 North Flammery Rd.
10012 Rocky Knoll Circle
Family Legendiz
Carling to Love Mlinists
Remit to:

Attention: Dorothy Willis

Date: September 30, 2017

INVOICE

ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

PO# 2000 224936-0917 Section F-Professional-Prof Tech Svc. Page 9 of 12

Hold	Batch	Name Entry Form Addressed	Account	Identification	Dictionary	Amount	Routing/Transit	Effective Date	Transaction Code
N	0000001	Caring To Love				200.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Lacey Bodley				200.00	06540137	10/1/2017	22 Demand Auto Deposit
N	0000001	Sgt 2017				250.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Caring To Love				250.00	06500090	10/1/2017	22 Demand Auto Deposit
N	0000001	Sgt 2017				250.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Michele Dyeas				250.00	265070435	10/1/2017	22 Demand Auto Deposit
N	0000001	Sgt 2017				100.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Samantha Gray				100.00	265472511	10/1/2017	22 Demand Auto Deposit
N	0000001	Sgt 2017				150.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Caring To Love				150.00	111103650	10/1/2017	22 Demand Auto Deposit
N	0000001	Sgt 2017				500.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Emily Igennetiz				500.00	06500090	10/1/2017	22 Demand Auto Deposit
N	0000001	Sgt 2017				500.00	265070435	10/1/2017	22 Demand Auto Deposit
N	0000001	Caring To Love				500.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Sgt 2017				500.00	06500090	10/1/2017	22 Demand Auto Deposit
N	0000001	Aleets Famugia				500.00	265070435	10/1/2017	22 Demand Auto Deposit
N	0000001	Sgt 2017				500.00	265070435	10/1/2017	27 Demand Auto Payment

Batch 1 Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

Batch 1 Entry Count
5

Batch 1 Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

File Entry Count
5

\$1800+\$200+\$100+\$250+\$150+\$500=\$2000.00

PO# 2000 224936-0917 Section R-Professional-Prof Tech Svc. Page 10 of 12

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Hours	Activity	Summary description of activities by category:
1	Preparation, compilation, & submission of Compliance Documents	Review and verification of Clinic billing packages, compilation of error report
18	Review and verification of Clinic billing packages, compilation of error report	Review and verification of Clinic billing packages, compilation of error report

Summary description of activities by category:

Description
Prepayment Help Center Consulting
September 2017
Amount due:
\$500.00
20 hours @ \$25.00 per hour

Billing to: Dorothy Walls
Attention: Dorothy Walls
Date: September 30, 2017
Remit to:
Carling to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814
Jefferson, LA 70121
Alexis Faruaga
416 Shrewsbury Ct.

INVOICE
PO# 2000 224936-0917 Section F-Professional-Prof Tech Svcs. Page 11 of 12
ACH \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

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Po# 2000 224936-0917 Section F-Professional-Prof Tech Svcs. Page 12 of 12

1H \$800+\$200+\$100+\$250+\$150+\$500=\$2000.00

Hold	Batch	Name	Account	Identification	Discretionary	Amount	Bonded/Unbonded	Effective Date	Transaction Code
N	0000001	Elise Form Addenda	[REDACTED]			200.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Caring To Love	[REDACTED]	Sep 2017		200.00	06540137	10/1/2017	22 Demand Auto Deposit
N	0000001	Lacey Bodley	[REDACTED]	Sep 2017		250.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Caring To Love	[REDACTED]	Sep 2017		250.00	065000060	10/1/2017	22 Demand Auto Deposit
N	0000001	Michelle Dyess	[REDACTED]	Sep 2017		100.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Caring To Love	[REDACTED]	Sep 2017		100.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Samantha Gray	[REDACTED]	Sep 2017		100.00	265473511	10/1/2017	22 Demand Auto Deposit
N	0000001	Caring To Love	[REDACTED]	Sep 2017		150.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Emily Iggenfritz	[REDACTED]	Sep 2017		150.00	11103860	10/1/2017	22 Demand Auto Deposit
N	0000001	Caring To Love	[REDACTED]	Sep 2017		500.00	265070435	10/1/2017	27 Demand Auto Payment
N	0000001	Audra Farngia	[REDACTED]	Sep 2017		-500.00	065000060	10/1/2017	22 Demand Auto Deposit
N	0000001	Sep 2017	[REDACTED]						

Batch 1 Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

Batch 1 Entry Count
5

Elis Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

Elis Entry Count
5

Elis Total
Debits: 1,200.00
Credits: 1,200.00
Difference: 0.00
Totals: 2,400.00

Elis Entry Count
10

67

WILLIAMS

OTHER CHARGES

SECTION 6

PO# 2000 224936

TOTAL ALL SUB REPORTS			SECTION G Coordinated Prenatal Care Services		
Cumm from Last Month			P.O.# 2000 224936		
Number of New Participants			***Sept 2017 BILLED*****		
1	2	3	4	5	6
Cummulative Participants	145	New 2nd Visits	670	Cumm 2nd Visits	424
Cumm from Last Month	279	Cumm 2nd Visits Last Month	186	# Clients	TOTALS
1 Make-A-Appointment Process	\$ 10.00	\$ 1,860.00			
2 Positive Pregnancy Test	\$ 10.00	\$ 1,450.00			
3 Negative Pregnancy Test	\$ 10.00	\$ 410.00			
4 Assessing Edge Education	\$ 30.00	\$ 1,500.00			
5 Counseling	\$ 40.00	\$ 145			
6 Referral Services	\$ 10.00	\$ 135			
7 Health Risk Assessment	\$ 30.00	\$ 145			
8 Care Plan Development	\$ 30.00	\$ 145			
9 On-going Care	\$ 30.00	\$ 145			
10 Family Support Services	\$ 40.00	\$ 101			
11 Home Outreach Support Services	\$ 75.00	\$ 58			
12 Birth Outcome Confirmation	\$ 10.00	\$ 49			
TOTAL SUB-CONTRACTOR REIMBURSEMENT			1,292	\$ 34,180.00	
Amount Due					
Cara Pregnancy Clinic			\$ 10,700.00		
Women's Resource Center of Natch LA			\$ 5,750.00		
Access Pregnancy (Catholic Charities)			\$ 1,630.00		
Women's Life Ministries			\$ 1,605.00		
Restoration House			\$ 4,825.00		
CPC-Gonzales			\$ 1,255.00		
TOTAL ALL CENTERS			\$ 34,180.00		

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Data Entry Clerk's Structure

Supervisor Signature

Director Signature

Louisiana Life Choice Project Reimbursement Form
Official Life Choice Project Monthly Reporting Form

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SECTION G Coordinated Prenatal Care Services			P.O.# 2000 224936		
Care Performance Clinic			LCP 17-18-01		
Cumm from Last Month	141	Cumm 2nd Visits Last Month	94		
Number of New Participants for This Month	63	New 2nd Visits	49		
Cumulative Participants	204	Cumm 2nd Visits	143		
Client Services:					
1 Interake Application Process	\$ 10.00	# Clients	TOTALS		
2 Positive Pregnancy Test	\$ 10.00	49	\$ 490.00		
3 Negative Pregnancy Test	\$ 10.00	14	\$ 140.00		
4 Absence/Education	\$ 30.00	14	\$ 420.00		
5 Counseling	\$ 40.00	49	\$ 1,960.00		
6 Referral Services	\$ 40.00	49	\$ 1,960.00		
7 Health Risk Assessment	\$ 30.00	49	\$ 1,470.00		
8 Care Plan Care	\$ 30.00	49	\$ 1,470.00		
9 On-going Care	\$ 30.00	49	\$ 1,470.00		
10 Family Support Services	\$ 30.00	31	\$ 930.00		
11 Home Outreach Support Services	\$ 40.00	23	\$ 920.00		
12 Birth Outcome Confirmation	\$ 75.00	20	\$ 1,500.00		
TOTAL SUB-CONTRACTOR REIMBURSEMENT		417	\$ 10,700.00		
Amount Due			\$ 10,700.00		

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Transfer Confirmation Date:		10/09/2017 2:47 PM	
Transfer Summary			
Transfer Amount:	10,700.00	Total of Transfer Amounts:	10,700.00
From Account Number:	LPC CHECKING 2650-7043	To Account Type:	Demand Deposit
From Account Name:	LPC CHECKING 0654-0015	To Institution RT Number:	100526649
From Account RT Number:	0654-0015	From Account:	Demand Deposit
To Institution RT Number:	4823559	To Account:	Demadn Deposit
Transfer Details:	Important: You may want to print this page for future reference.		
Transfer Summary			
Transfer Amount:	10,700.00	Total of Transfer Amounts:	10,700.00
From Account Number:	LPC CHECKING 10/11/2017	To Account Type:	Demand Deposit
From Account Name:	LPC CHECKING 10,700.00	To Institution RT Number:	11246806
From Account RT Number:	11246806	From Account:	Certified Member
To Institution RT Number:	4823559	To Account:	Approved
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Member FDIC Safety/Noticce enrollment Equal Housing Lender Trusorue Venusign Contract Us			

Help Sign Out

P.O. # 2000-224936-0917 Section G OTHER CHARGES Page 1 of 1

[Signature]

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Director's Signature
Supervisor's Signature
Data Entry Clerk's Signature

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

<input type="checkbox"/>	<input type="checkbox"/>	Total Billied
<input type="checkbox"/>	<input type="checkbox"/>	Adjustments:
<input type="checkbox"/> 2d Positive and/or Negative Test Authorization		

Total Services 207 \$ 5570

Drop Outcome Confirmation	7/	\$40	\$ 280	
Home Outreach Support Services	16/	\$75	\$ 750	
Familly Support Services	18/	\$40	\$ 720	
On-Going Care/Monitoring	22/	\$30	\$ 660	
Car Plan Development	22/	\$30	\$ 660	
Health Risk Assessment	22/	\$10	\$ 220	
Referrals Services	22/	\$40	\$ 880	
Consulting	6/	\$30	\$ 180	
Absentee Prenancy Test	22/	\$10	\$ 220	
Possitive Pregancy Test	22/	\$10	\$ 220	
Take Applicaton	28	\$10	\$ 280	
Description of Service	#Served	Refnd.	Cost	Total

New Pos. Client:22 2nd:22 3rd:22 Panty:38 Home:16 Postpartum:7

REIMBURSEMENT

Items / Equipment	Client	Appr	Value	Source Of Donor	Count	Not	Miles	Date	ID
-------------------	--------	------	-------	-----------------	-------	-----	-------	------	----

IN KIND

City State Zip	Natchitoches, LA 7457
Address	107 North Street Danner Westfall
Date of Report	09/01/2017 thru 09/30/2017 (Report Printed: 10/03/2017)
Report Submitted By	Danner Westfall
Name of Organization	Women's Resource Center of Natch La
Project Number	LCP17-18-A4

Direct questions to Dorothy Wails, Project Director, Phone 225-273-1124

OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

LOUISIANA LIFE CHOICES PROJECT

Request for Reimbursement Form

SECTION G Coordinated Prenatal Care Services			P.O.# 2000 224936		
Women's Resource Center of Natch LA LCP-17-18-04			Cumm from Last Month		
Cumm from Last Month			61 Cumm 2nd Visits Last Month		
Cumulative Participants	28 New 2nd Visits	89 Cumm 2nd Visits	UNIT COST	# Clients	TOTALS
Number of New Participants for This Month	22	73	1 Intake Application Process	\$ 10.00	\$ 280.00
Positive Pregnancy Test	\$ 10.00	\$ 220.00	2 Positive Pregnancy Test	\$ 10.00	\$ 60.00
Negative Pregnancy Test	\$ 30.00	\$ 180.00	3 Absentee Education	\$ 30.00	\$ 60.00
Consulting	\$ 40.00	\$ 880.00	4 Absentee Education	\$ 30.00	\$ 60.00
Referral Services	\$ 10.00	\$ 220.00	5 Counseling	\$ 40.00	\$ 880.00
Health Risk Assessment	\$ 30.00	\$ 660.00	6 Referral Services	\$ 10.00	\$ 220.00
Care Plan Care	\$ 30.00	\$ 660.00	7 Health Risk Assessment	\$ 30.00	\$ 660.00
Obstetric Care	\$ 660.00	\$ 660.00	8 Care Plan Care	\$ 30.00	\$ 660.00
Family Support Services	\$ 720.00	\$ 720.00	9 Ongoing Care	\$ 30.00	\$ 660.00
Home Outreach Support Services	\$ 750.00	\$ 750.00	10 Family Support Services	\$ 40.00	\$ 660.00
Birth Outcome Confirmation	\$ 280.00	\$ 280.00	11 Home Outreach Support Services	\$ 75.00	\$ 75.00
Total Sub-Contractor Reimbursement	\$ 5,570.00	\$ 5,570.00			

9

74

Transfer Confirmation as of 10/09/2017 2:47 PM	
Transfer Date:	10/11/2017
Number of Transfer Amounts:	1
Total of Transfer Amounts:	\$570.00
Import note: You May Want to Print this Page for Future Reference.	
From Account R/T Number:	LCP CHECKING
From Institution Name:	GULF COAST BANK
From Account Nickname:	
To Account Type:	Demand Deposit
To Institution R/T Number:	[REDACTED]
To Account:	Demand Deposit
To Account Type:	Demand Deposit
From Account R/T Number:	[REDACTED]
From Institution Name:	GULF COAST BANK
From Account Nickname:	
Status:	Approved
Confirmation Number:	113473902
eStatement/Notice enrollment	
EQUAL HOUSING LENDER	
VERISIGN	TRUSTEASURE
MEMBER FDIC	CONTACT US

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Help Sign Out

Page 1 of 1

Section G OTHER CHARGES

PQ# 2000224936-0917

Name of Organization A Pregnancy Center & Clinic
 Project Number LCP17-18-103
 Date of Report 09/03/2017 thru 09/30/2017 (Report Printed: 10/02/2017)
 Report Submitted By Denise Williamson
 Address 913 S. College Rd Ste 206
 City State Zip Lafayette, LA 70503

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
REIMBURSEMENT						
New Pos. Clients:39	2nd:39	3rd:23	Pantry:71	Name:9	Postpartum:19	
Description of Service	#Served	Reimb. Cost	\$	Total		
Intake Application	47	\$10	\$	470		
Positive Pregnancy Test	39	\$10	\$	390		
Negative Pregnancy Test	8	\$10	\$	80		
Abstinence Education	8	\$30	\$	240		
Counseling	39	\$40	\$	1560		
Referral Services	39	\$10	\$	390		
Health Risk Assessment	39	\$30	\$	1170		
Care Plan Development	39	\$30	\$	1170		
On-Going Care/Monitoring	23	\$30	\$	690		
Family Support Services	25	\$40	\$	1000		
Home Outreach Support Services	9	\$75	\$	675		
Birth Outcome Confirmation	19	\$40	\$	760		
Total Services	334		\$	8595		

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature Jessica J. Williamson
 Supervisor's Signature Jessica Williamson
 Data Entry Clerk's Signature Jessica Williamson

*** FOR OFFICIAL USE ONLY ***

NUMBER OF NEW PARTICIPANTS FOR THIS MONTH 41 NEW 2nd VISITS 39
 CUMMULATIVE PARTICIPANTS 105 CUMM 2nd VISITS 86

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTAL\$</u>
1 Intake Application Process	\$ 10.00	47	\$ 470.00
2 Positive Pregnancy Test	\$ 10.00	39	\$ 390.00
3 Negative Pregnancy Test	\$ 10.00	8	\$ 80.00
4 Abstinence Education	\$ 30.00	8	\$ 240.00
5 Counseling	\$ 40.00	39	\$ 1,560.00
6 Referral Services	\$ 10.00	39	\$ 390.00
7 Health Risk Assessment	\$ 30.00	39	\$ 1,170.00
8 Care Plan Care	\$ 30.00	39	\$ 1,170.00
9 On-going Care	\$ 30.00	23	\$ 690.00
10 Family Support Services	\$ 40.00	25	\$ 1,000.00
11 Home Outreach Support Services	\$ 75.00	9	\$ 675.00
12 Birth Outcome Confirmation	\$ 40.00	19	\$ 760.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		334	\$ 8,595.00

Amount Due \$ 8,595.00

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A PREGNANCY CENTER

Transfer Date:

Transfer Amount:

From Account Nickname:

From Institution R/T Number:

From Account Type:

To Institution R/T Number:

To Account Type:

To Account:

Confirmation Number:

Status:

10/11/2017
8,595.00

LCP CHECKING
Demand Deposit

Demand Deposit
Number of Transfer Items:
Total of Transfer Amounts:

1
8,595.00

Important: You May Want to Print this Page for Future Reference.

MEMBER FDIC [eStatement/Notice enrollment](#)

Approved

EQUAL HOUSING LENDER

VISIGN

TRUSTCURE

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Name of Organization

ACCESS Pregnancy & Referral Center

Project Number

107

Date of Report

10/2/2017

Report Submitted by

Deborah Donahoe

Address

921 Aris Ave.

City, State, Zip

Metairie LA 70005

S&T. 2017

New Pos. Clients:
Home
Description of Services

2nd
BirthOut
#Served

3rd
Reim. Cost
Total

Intake Application	9	\$10	\$90
Positive Pregnancy Test	9	\$10	\$90
Negative Pregnancy Test	0	\$10	\$0
Abstinence Education	9	\$30	\$270
Counseling	9	\$40	\$360
Referral Services	8	\$10	\$80
Health Risk Assessment	9	\$30	\$270
Care Plan Development	8	\$30	\$240
On-Going Care Monitoring	1	\$30	\$30
Family Support Services	2	\$40	\$80
Home Outreach Support Services	0	\$75	\$0
Birth Outcome Confirmation	3	\$40	\$120
Total Services	67	\$4,870	

Director Signature Michele Blak
Supervisor Signature M. Jennifer R. Donahoe
Data Entry Clerk's Signature Deborah Donahoe

1630.

NUMBER OF NEW PARTICIPANTS FOR THIS MONTH 38 NEW CLIENT VISITS 33

Cummulative Participants <u>Client Services:</u>		UNIT COST	# Clients	TOTALS
1	Intake Application Process	\$ 10.00	9	\$ 90.00
2	Positive Pregnancy Test	\$ 10.00	9	\$ 90.00
3	Negative Pregnancy Test	\$ 10.00	-	\$ -
4	Abstinence Education	\$ 30.00	9	\$ 270.00
5	Counseling	\$ 40.00	9	\$ 360.00
6	Referral Services	\$ 10.00	8	\$ 80.00
7	Health Risk Assessment	\$ 30.00	9	\$ 270.00
8	Care Plan Care	\$ 30.00	8	\$ 240.00
9	On-going Care	\$ 30.00	1	\$ 30.00
10	Family Support Services	\$ 40.00	2	\$ 80.00
11	Home Outreach Support Services	\$ 75.00	-	\$ -
12	Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		67	\$ 1,630.00	

Amount Due \$ 1,630.00

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CATHOLIC CHARITIES

Transfer Date:

10/11/2017
1,630.00

Transfer Amount:

From Account Nickname:

From Institution R/T Number:

From Account Type:

To Institution R/T Number:

To Account Type:

To Account:

Confirmation Number:

Status:

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eservices/Notice enrollment

LCP CHECKING
Demand Deposit
113490248
Approved

Transfer Summary
Number of Transfer Items: 1
Total of Transfer Amounts: 1,630.00
Important: You May Want to Print this Page for Future Reference.

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Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Life Ministries
Project Number LCP17-18-112
Date of Report 09/01/2017 thru 09/30/2017 (Report Printed: 09/26/2017)
Report Submitted By Teresa Ragusa
Address 3813 N. Flannery Road
City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source by Doctor	Client Not Appr	Count Mins Date	Center ID
-------------------	------------	------------------	-----------------	-----------------	-----------

REIMBURSEMENT

New Pos.	Clients: 4	2nd: 4	3rd: 3	Pantry: 11	Home: 5	Postpartum: 6	#Served	Reimb. Cost	Total
Intake Application							6	\$10	\$ 60
Positive Pregnancy Test							4	\$10	\$ 40
Negative Pregnancy Test							2	\$10	\$ 20
Abstinence Education							2	\$30	\$ 60
Counseling							4	\$40	\$ 160
Referral Services							4	\$10	\$ 40
Health Risk Assessment							4	\$30	\$ 120
Care Plan Development							4	\$30	\$ 120
On-Going Care/Monitoring							3	\$30	\$ 90
Family Support Services							7	\$40	\$ 280
Home Outreach Support Services							5	\$75	\$ 375
Birth Outcome Confirmation							6	\$40	\$ 240
Total Services							51		\$ 1605

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Teresa Ragusa
Dorothy Wallis
Cherie Lynn Carter

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Number of New Participants for This Month

5 New 2nd Visits
22 Cumm 2nd Visits

4
16

Cumulative Participants

Client Services:	UNIT COST	# Clients	REIMBURSEMENT	
			TOTALS	
1 Intake Application Process	\$ 10.00	6	\$ 60.00	
2 Positive Pregnancy Test	\$ 10.00	4	\$ 40.00	
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00	
4 Abstinence Education	\$ 30.00	2	\$ 60.00	
5 Counseling	\$ 40.00	4	\$ 160.00	
6 Referral Services	\$ 10.00	4	\$ 40.00	
7 Health Risk Assessment	\$ 30.00	4	\$ 120.00	
8 Care Plan Care	\$ 30.00	4	\$ 120.00	
9 On-going Care	\$ 30.00	3	\$ 90.00	
10 Family Support Services	\$ 40.00	7	\$ 280.00	
11 Home Outreach Support Services	\$ 75.00	5	\$ 375.00	
12 Birth Outcome Confirmation	\$ 40.00	6	\$ 240.00	
TOTAL SUB-CONTRACTOR REIMBURSEMENT		51	\$ 1,605.00	

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.

Project Number LCP17-18-116

Date of Report 09/01/2017 thru 09/30/2017 (Report Printed: 09/29/2017)

Report Submitted By Tara Hudgins

Address

City State Zip

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Center Date ID
-------------------	------------	-----------------	-----------------	-----------	----------------

REIMBURSEMENT

New Pos. Clients:20	2nd:11	3rd:7	Pantry:27	Home:11	Postpartum:6
Description of Service	#Served	Reimb. Cost	Total		
Intake Application	20	\$10	\$200		
Positive Pregnancy Test	20	\$10	\$200		
Negative Pregnancy Test	0	\$10	\$0		
Abstinence Education	0	\$30	\$0		
Counselling	20	\$40	\$800		
Referral Services	11	\$10	\$110		
Health Risk Assessment	20	\$30	\$600		
Care Plan Development	20	\$30	\$600		
On-Going Care/Monitoring	11	\$30	\$330		
Family Support Services	23	\$40	\$920		
Home Outreach Support Services	11	\$75	\$825		
Birth Outcome Confirmation	6	\$40	\$240		
Total Services	162	\$ 4825			

2nd Positive and/or Negative Test Authorization

Adjustments:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature Beth O'neil
Supervisor's Signature Meredith Behnke, RN
Data Entry Clerk's Signature Kristi Behnke

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Number of New Participants for This Month

20

New 2nd Visits

20

Cumm 2nd Visits

61

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>REIMBURSEMENT</u>
			<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	20	\$ 200.00
2 Positive Pregnancy Test	\$ 10.00	20	\$ 200.00
3 Negative Pregnancy Test	\$ 10.00	-	\$ -
4 Abstinence Education	\$ 30.00	-	\$ -
5 Counseling	\$ 40.00	20	\$ 800.00
6 Referral Services	\$ 10.00	11	\$ 110.00
7 Health Risk Assessment	\$ 30.00	20	\$ 600.00
8 Care Plan Care	\$ 30.00	20	\$ 600.00
9 On-going Care	\$ 30.00	11	\$ 330.00
10 Family Support Services	\$ 40.00	23	\$ 920.00
11 Home Outreach Support Services	\$ 75.00	11	\$ 825.00
12 Birth Outcome Confirmation	\$ 40.00	6	\$ 240.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		162	\$ 4,825.00

Amount Due \$ 4,825.00

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Transfer Confirmation as of 10/06/2017 2:50 PM

RESTORATION PREGNANCY

Transfer Date:

10/11/2017

4,825.00

Transfer Amount:

From Institution R/T Number:

From Account Nickname:

From Account Type:

From Account:

To Institution R/T Number:

To Account Type:

To Account:

Confirmation Number:

Status:

Member FDIC eStatement/Notice enrollment

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Transfer Summary
Number of Transfer Items:
Total of Transfer Amounts:

4,825.00
1
Important: You May Want to Print this Page for Future Reference.

LCP CHECKING
Demand Deposit

Demand Deposit
113302282

Approved

EQUAL HOUSING LENDER

VERISIGN

TRUSECURE

CONTACT US

Name of Organization CPC Gonzales
 Project Number LCP17-18-01-1
 Date of Report 09/01/2017 thru 09/30/2017 (Report Printed: 09/29/2017)
 Report Submitted By Michelle Dyess
 Address 322 E. Worthy
 City State Zip Gonzales, LA 70737
IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Com Mins	Date	Center ID
REIMBURSEMENT						
New Pos. Clients:2 2nd:2 3rd:2 Pantry:5 Home:3 Postpartum:1						
Description of Service	#Served	Refimb.	Cost	Total		
Intake Application	13 ✓	\$10	\$	130 ✓		
Positive Pregnancy Test	2 ✓	\$10	\$	20 ✓		
Negative Pregnancy Test	11 ✓	\$10	\$	110 ✓		
Absstinence Education	11 ✓	\$30	\$	330 ✓		
Counseling Services	2 ✓	\$40	\$	80 ✓		
Referral Services	2 ✓	\$10	\$	20 ✓		
Health Risk Assessment	2 ✓	\$30	\$	60 ✓		
Care Plan Development	2 ✓	\$30	\$	60 ✓		
On-Going Care/Monitoring	2 ✓	\$30	\$	60 ✓		
Family Support Services	3 ✓	\$40	\$	120 ✓		
Home Outreach Support Services	3 ✓	\$75	\$	225 ✓		
Birth Outcome Confirmation	1 ✓	\$40	\$	40 ✓		
Total Services	54		\$ 1255-			

Total Services 54 \$ 1255-

2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Michelle Dyess
Michelle Dyess
Michelle Dyess

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Number of New Participants for This Month 13 New 2nd Visits 44 Cumulative Participants 12

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>REIMBURSEMENT</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	13	\$	130.00
2 Positive Pregnancy Test	\$ 10.00	2	\$	20.00
3 Negative Pregnancy Test	\$ 10.00	11	\$	110.00
4 Abstinence Education	\$ 30.00	11	\$	330.00
5 Counseling	\$ 40.00	2	\$	80.00
6 Referral Services	\$ 10.00	2	\$	20.00
7 Health Risk Assessment	\$ 30.00	2	\$	60.00
8 Care Plan Care	\$ 30.00	2	\$	60.00
9 On-going Care	\$ 30.00	2	\$	60.00
10 Family Support Services	\$ 40.00	3	\$	120.00
11 Home Outreach Support Services	\$ 75.00	3	\$	225.00
12 Birth Outcome Confirmation	\$ 40.00	1	\$	40.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		54	\$	1,255.00

Amount Due \$ 1,255.00

Gulf Coast Bank
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Transfer Confirmation as of 10/09/2017 2:51 PM

CARE PREGNANCY CLINI	Transfer Date:	10/11/2017
	Transfer Amount:	1,255.00
	From Account Nickname:	LCP CHECKING
	From Institution R/T Number:	██████████
	From Account Type:	Demand Deposit
	To Institution R/T Number:	██████████
	To Account Type:	Demand Deposit
	Confirmations Number:	113510838
Status:	Approved	

Transfer Summary
Number of Transfer Items:
Total of Transfer Amounts:
1,255.00
Important: You May Want to Print this Page for Future Reference.....

VERSIGN TRUSECURE CONTACT US

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EQUAL HOUSING LENDER

VERISIGN

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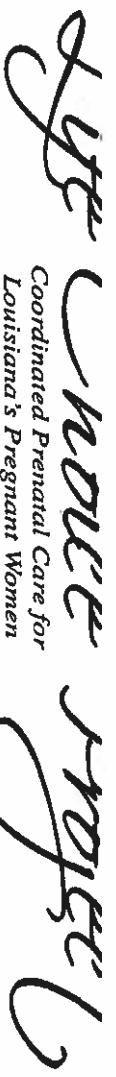
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10

PO# 2000 224936

SECTION I

INDIRECT COST



Invoice

September 2017

Dorothy Wallis

3813 North Flannery

Baton Rouge, LA 70814

(225) 215-0004 office

(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00

Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this _____ day of October, 2017

<u>Form Addenda</u>	<u>Account</u>	<u>Identification</u>	<u>Discretionary</u>	<u>Amount</u>	<u>Routing/Transit</u>	<u>Effective Date</u>	<u>Trans</u>
Ig To Love 2017	[REDACTED]			4,500.00	265070435	10/6/2017	27 De
thy Wallis 2017	[REDACTED]			4,500.00	065400137	10/6/2017	22 De

Batch 1 Entry Count1
1

2

File Entry Count1
1

2

Ministries - Time Study Monthly Reporting Form

Period: September 2017

Employee's Name: Dorothy Wallis

3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
3	0	0	7.7	6.8	8.5	7.7	3.4	0	8.5	8.5	7.7	8.5	6.8	3.4	0	6.8	6.8	6.8	3.4	0	6.8	7.7	6.8	7.7	6.8	6.8	3.4	
0	0	1.4	1.2	1.5	1.4	.6	0	1.5	1.5	1.4	1.5	1.2	.6	0	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.4	1.2	1.4	1.2	1.2	.6
0	0	9	8	10	9	4	0	10	10	9	10	8	4	0	8	8	8	8	8	4	0	8	9	8	9	8	8	4
.

Employee Signature:



Date:

Oct 5, 2017

Supervisor Signature:



Date:

10/5/17

Group Payment Notice

CARING TO LOVE MINISTRIES

Group ID :	274461ERC
Subgroup ID :	000

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814

Due Date: 09/15/2017
Billing Date: 08/30/2017

Invoice Period From : 09/15/2017
Invoice Period Through: 10/14/2017
Invoice Number : 172420000508

Subscriber Count: 2

Outstanding Balance..... \$0.00

Premiums This Period..... \$2,134.03

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$2,134.03

Please Pay Total Amount Due

\$2,134.03

continued ➔

09/01/17-10/14/17

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

1220 4/27/1984

PAY TO THE Blue Cross Blue Shield
ORDER OF

Two Thousand One Hundred Thirty-Four and 03/100

\$ 2,134.03
DOLLARS

Blue Cross Blue Shield
P.O. Box 650007
Dallas, TX 75265

MEMO

Group ID 27A81ERC Subgroup 00003 9115-101141

#017698# 1065400153#

VOID AFTER 60 DAYS
OPERATING ACCOUNT

Al Anthony Walker

AUTHORIZED SIGNATURE

Supply Institutions Inc.

ENDORSE HERE

000104 032 091817 1088
30M33ERC DAL CRED TO PAYEE
[REDACTED] ABS END GUAR
000104 230520 05264

091817 236838 098 196 083 48

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month